

ROUTING AND TRANSMITTAL SLIP		Date
TO: (Name, office symbol, room number, building, Agency/Post)		Initials Date
1.	DD/PTRAS	
2.	C/CSD/OC	
3.	CI staff	
4.		
5.		
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Forwarded to above components for their info & at OC's request.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FI	Room No.—Bldg.
	Phone No.

5010-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

Page Denied

Next 19 Page(s) In Document Denied